

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR EDIN		18-09-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	T.A.	J. C. M. H.	08/21/01
RESPONSE FORMALITY REVIEW	lt	gn	2-15-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 7/1/03
2	✓
3	✓
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If more than 150 claims or 10 actions  
 staple additional sheet here

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 02-12-02